FILED MAR 19 1941

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

8401 104 0

1. PLACE OF DEATH
County Stone
Township Williams
City (No. , St. Ward)
Registration District No. 847
Primary Registration District No. 6112; 6155
File No.
Registered No. 0

2. FULL NAME Ruby Gay Jones
(a) Residence, No. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Girl
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) D

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 21 1941

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 22 hrs. or 20 min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stone Co. Mo

FATHER
13. NAME Ruben Al Jones
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stone Co. Mo

MOTHER
15. MAIDEN NAME Treva O. Bredford
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stone Co. Mo

17. INFORMANT (ADDRESS) Billie Breadford Berryville Ark R 4

18. BURIAL, CREMATION, OR REMOVAL
PLACE McCullough DATE Feb 22, 1941

19. UNDERTAKER (ADDRESS) 761

20. FILED Feb 25, 1940 J C Chappell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 22, 1941

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19
I last saw her alive on Feb 21, 1941. Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

born to soon

Date of onset

Other contributory causes of importance:

154

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) , M. D.
(Address)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should sta
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very importar

RECEIVED
District Health Office No. 6
District File Number 341-462
MAR 13 1941
Date Filed

No. 2B
-2-21-40
I X22659

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8401

Registration District No. 847 Primary Registration District No. 6112 Registrar's No.

SUPPLEMENTARY

1. PLACE OF DEATH:
(a) County Stone
(b) ~~City or town~~ Williams T.P.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Ruby Gay Jones
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced —
6. (b) Name of husband or wife
6. (c) Age of husband, or wife, if alive years
7. Birth date of deceased Feb 21 (Month) (Day) 1941 (Year)
8. AGE: Years Months Days If less than one day 22 hr. 20 min.
9. Birthplace Stone County Williams (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) Feb 25 1941 (Date received local registrar) J. C. Chappell by Mrs. J. C. Chappell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 22 1941
year hour minute M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) born to soon
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury
23. Signature J. C. Chappell by Mrs. J. C. C. (M. D. or other)
Address Cause of death born to soon (no Dr.) Date signed